



OHMEPA Membership Renewal Form

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Membership is annual (Oct 1st – Sept 30th) and is a company membership. All applications are subject to review by a membership review committee. Additional information may be requested.

COMPANY INFORMATION

Company Name: _____

Address: _____

City: _____ Province: _____ Postcode: _____

Primary Contact: _____ Title: _____

(This person has voting privileges, receives all association correspondence, including annual invoices.)

Phone: ____ - ____ - ____ ex: ____ e-mail: _____ Web: _____

MEMBER CATEGORY*

Providers (Vendors)

- | | |
|---|---------|
| <input type="checkbox"/> < \$500k in annual HME sales | \$500 |
| <input type="checkbox"/> 500k to \$1 million in annual HME sales | \$750 |
| <input type="checkbox"/> \$1 to \$3 million in annual HME sales | \$1,000 |
| <input type="checkbox"/> \$3 to \$7 million in annual HME sales | \$1,500 |
| <input type="checkbox"/> \$7 to \$10 million in annual HME sales | \$2,000 |
| <input type="checkbox"/> \$10 to \$15 million in annual HME sales | \$3,500 |
| <input type="checkbox"/> \$15 to \$25 million in annual HME sales | \$5,000 |
| <input type="checkbox"/> > \$25 million in annual HME sales | \$7,700 |

Manufacturers

- | | |
|---|---------|
| <input type="checkbox"/> <\$3 million in annual HME sales | \$2,000 |
| <input type="checkbox"/> \$3 to \$7 million in annual HME sales | \$3,000 |
| <input type="checkbox"/> \$7 to \$10 million in annual HME sales | \$3,500 |
| <input type="checkbox"/> \$10 to \$15 million in annual HME sales | \$4,000 |
| <input type="checkbox"/> \$15 to \$25 million in annual HME sales | \$5,000 |
| <input type="checkbox"/> > \$25 million in annual HME sales | \$7,700 |

Buying Groups

- | | |
|--|---------|
| <input type="checkbox"/> All – no revenue criteria | \$3,000 |
|--|---------|

Other

- | | |
|---|-----|
| <input type="checkbox"/> Not-for-Profit Member (non-voting) | n/c |
| <input type="checkbox"/> Stakeholder Member (non-voting) | n/c |

* All prices are subject to HST (13%)

